

State of Illinois - Resident Application for a Commission as a Notary Public

office USE DO NOT WRITE IN THIS AREA

Jesse White, Secretary of State Index Department, 111 E. Monroe, Springfield, IL 62756 Telephone: (217) 782-7017

Complete application & bond on reverse side and return with \$10 fee payable to Secretary of State

| PF | RINT OR TYPE | | | | | |
|------------------------------------|---|--|--|--|--|--|
| 1. | NAME | (This name must appea | ar as it is signed in t | (13) | | |
| | | | | | | |
| | HOME ADDRESS | | | | | |
| CITY, STATE, ZIP HOME PHONE NUMBER | | | | | · · · · · · | |
| | | | | | | |
| 2. | NAME OF BUSINESS/EMPLOYER | | | | | |
| | STREET | | | | | |
| | CITY, STATE, ZIP | | | | . | |
| | WORK PHONE NUMBER | | | | · - · · · · · · · · · · · · · · · · · · · | |
| Cir | ircle Yes or No for the following questions. | | | | | |
| 3. | Are you a citizen of the United States or ar | nalien admitted for perma | nent residence? | Yes No | | |
| 4. | Are you 18 years of age or older? | t 00 days | | Yes No | | |
| 5. 6. | Have you been a resident of Illinois for at least and write the English | | | Yes No Yes No | | |
| 7. | Have you had a Notary Commission revok | | :? | Yes No | | |
| 8. | Have you ever been convicted of a felony? | | | Yes No | | |
| 9. | Have you ever been an Illinois Notary Publ | | | Yes No | | |
| 10 | If you answered yes to question #9, please | complete #10 through #1 | 3. If you answered n | o complete #13 | | |
| 10. | When did/does your commission expire: M Affix the impression of your seal in the box | | / Year | Commission # | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 11. | Has your name changed since your last co If yes, please give previous name. | | res No | | | |
| 12. | Has your address changed since your last If yes, please give previous address. | | | | | |
| | Address: | | | | | |
| | City, State, ZIP: | | | • | | |
| | County: | | | | | |
| 13. | NOTARIAL OATH | | | | | |
| | STATE OF ILLINOIS |) | | | | |
| | COUNT | | | | | |
| | l,(n | ame of applicant) do sole | mnly affirm, under the | penalty of perjury, that the an | swers to a | |
| | questions in this application are true, completed and commissioned as a notary public, I will | ete, and correct; that I have perform faithfully, to the b | carefully read the no est of my ability, all n | tary law of this State; and that, i otarial acts in accordance with | if appointed the law. | |
| | | (| | | | |
| | , | (Signature of Applic | ant — This name mu | ıst be signed as it appears in # | 11) | |
| | | (=-g.:a.o o, r.ppiio | and the first terms the | or so digitod do it appears in # | • • • | |
| Sub | scribed and affirmed before me this | day of | Yr | | | |
| | SEAL | | × | | | |
| | | | (Signati | ure of Illinois Notary Public) | | |

ILLINOIS NOTARY PUBLIC BOND

| Know all by these presents, that we | ame of applicant) as principal/applicant | | |
|--|--|--|--|
| and | address of surety company) | | |
| . (name and address | 35 Of Surety Southputty) | | |
| are held and firmly bound unto the People of the State of Illinois, in payment of which, well and truly to be made, we bind ourselve severally, firmly by these presents. | the penal sum of FIVE THOUSAND DOLLARS (\$5,000), for the es, our heirs, executors, administrators and assigns jointly and | | |
| THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THA appointment by the Secretary of State of the State of Illinois as a | T, whereas, the above bound principal/applicant has applied for Notary Public for a four year term. | | |
| Now, if said principal/applicant shall truly and faithfully perform and according to law, then the above obligation to be null and void, of bond is from the effective date of the principal's/applicants committee. | herwise to remain in full force and virtue in law. The term of this | | |
| Χ | Χ | | |
| (Signature of Principal/Notary Public applicant) | (Signature of authorized representative of surety company) | | |
| Notary public applications and commissions are public records and are available to any interested person for examination and copying | (print or type name of the above) | | |
| BOND NUMBER | BONDING COMPANY CORPORATE SEAL MUST BE AFFIXED HERE | | |
| THIS BOND MUST BE WRITTEN BY A COMPANY QUALIFIED W SURETY BONDS IN THE STATE OF ILLINOIS. | /ITH THE ILLINOIS DEPARTMENT OF INSURANCE TO WRITE | | |
| THE OFFICE OF THE SECRETARY OF STATE DOES NOT REC | COMMEND ANY PARTICULAR BONDING COMPANY. | | |
| YOUR COMMISSION WILL BE SENT TO THE OFFICE OF THE | COUNTY CLERK IN WHICH YOU RESIDE. | | |
| OFFICE USEDO NOT W | RITE BELOW THIS LINE | | |
| | | | |